

12/22/00

1-933 U.S. PRO

UTILITY PATENT APPLICATION TRANSMITTAL

For new nonprovisional applications under 37 CFR 1.53(b)

Attorney Docket No.	200773US0DIV
First Inventor or Application Identifier	Pierre DRUILHE
Title	MALARIAL PRE-ERYTHROCYTIC STAGE POLYPEPTIDE MOLECULES
Assignee Name:	Institut Pasteur
Assignee Address:	25-28, Rue Du Docteur Roux, 75724 Paris Cedex, FRANCE

01/14/96
99/74296
JCS
U.S. PRO

12/22/00

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20531

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification Total Sheets **41**
3. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets **26**
4. ☒ Oath or Declaration Total Pages **3**
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation / divisional w/ box 16 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).
 - c. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
 - d. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification or Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☒ The prior application is assigned to: INSTITUT PASTEUR, 25-28, Rue Du Docteur Roux, 75724 Paris Cedex, FRANCE
8. ☐ Application Data Sheet. See 37 CFR 1.76
9. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations (6)
12. ☒ Preliminary Amendment
13. ☒ White Advance Serial No. Postcard
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Application claims small entity status.
See 37 CFR 1.27
16. ☒ Other: Request for Priority w/PCT/IB/304
International Search Report
Substitute Sequence Listing w/Attached
Sequence Alignment

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application no.: 08/973,462

Prior application information: Examiner: J. Grun

Group Art Unit: 1641

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. Amend the specification by inserting before the first line the sentence:

- ☒ This application is a ☐ Continuation ☒ Division ☐ Continuation-in-part (CIP)
of application Serial No. 08/973,462 Filed on February 6, 1998, now allowed, which was filed as International Application No. PCT/FR96/00894, filed June 12, 1996.
- ☐ Which was published in English
- ☐ Which was not published in English
- ☐ This application claims priority of provisional application Serial No. Filed

18. CORRESPONDENCE ADDRESS



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Pierre DRUILHE et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: MALARIAL PRE-ERYTHROCYTIC STAGE POLYPEPTIDE MOLECULES

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	28 - 20 =	8	× \$18 =	\$144.00
INDEPENDENT CLAIMS	3 - 3 =	0	× \$10 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$710.00
TOTAL OF ABOVE CALCULATIONS				\$854.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$854.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of **\$854.00** to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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